U.S. Department of Labor Office of Lator-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440

| For Official Use Only |  |
|-----------------------|--|
| E ? B                 |  |

1. File Number U -

Name Edgar

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

E Folgar

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 540-876

P.O. Box, Building and Room Number, if any

Name Louisiana Carpenters Regional Council

| Street 1205 Ellerslie Avenue   | Street 315 South Broad Street   |  |
|--|---|--|
| City Laplace   | City New Orleans  |  |
| State Louisiana ZIP Code + 4 70068   | State Louisiana ZIP Code + 4 70119  |  |
| 5. Position in labor organization. Regional Council Representation   | ve  |  |
| Enter appropriate data below If, during the past fiscal year, you or your spo<br>(except as specified in the exclu   | use or minor child directly or indirectly had any of the following interests usions set forth in the instructions): |  |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.   |   |  |
| 6. Name and address of Employer (including trade name, if any).  | 7.a. Nature of Interest, Transaction, or Income.  |  |
| Name   |   |  |
| Trade Name, if any:  |   |  |
| P.O. Box, Bldg., Room No., if any  |   |  |
|  | 7.b. Amount.  |  |
| Street   |   |  |
| City   | \$0   |  |
| State ZIP Code + 4   |   |  |
| Signature  |   |  |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | ring documents), has been examined by the signatory and is, to the best of the                                      |  |
| Signed Colgan F Lelgan   | On 08/08/2005 (504)822-2243   |  |
|  | Date Telephone Number   |  |
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| Name of Person Filing Edgar Folgar  | File Number U-   |  |  |
|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or firectly to, or otherwise |  |  |
| 8. Name and address of Business (including trade name, if any).   | 9. Business deals with:  |  |  |
| Name  | a. Labor Organization  |  |  |
| Trade Name, if any:   | b. Trust   |  |  |
| P.O. Box, Bldg., Room No., if any   | c. Employer  |  |  |
| Street  |  |  |  |
| City  |  |  |  |
| State ZIP Code + 4  |  |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.   | 11.a. Nature of such dealing.  |  |  |
| Name  |  |  |  |
| Trade Name, if any:   |  |  |  |
| P.O Box, Bldg., Room No., if any  |  |  |  |
| Street  | 11.b. Approximate dollar value of such dealing. \$0                                    |  |  |
| City  | 12.a. Nature of interest held or income received.                                      |  |  |
| State ZIP Code + 4  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | 12.b. Amount. \$0  |  |  |
|   |  |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |  |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  | 14.a. Nature of payment.   |  |  |
| Name  |  |  |  |
| Trade Name, if any:   |  |  |  |
| P.O. Box, Bldg., Room No., if any   |  |  |  |
| Street  |  |  |  |
| City  |  |  |  |
| State ZIP Code + 4  |  |  |  |
| 13.b. Is the Business an Employer or Consultant?  | 14.b. Amount of payment \$0  |  |  |